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PATENT

Attorney Docket: 2866 (203-3509PCTUS)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Lee Ann Olson et al.

Examiner: Michelle Lopez

Serial No.: 10/529,799

Group: Art Unit 3721

Filed: March 30, 2005

Dated: January 14, 2008

For: **SURGICAL STAPLER WITH UNIVERSAL
ARTICULATION AND TISSUE PRE-CLAMP**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
MAIL STOP: AF

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. §1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity under 37 C.F.R. §1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS*	8	21	0	x 25 =	\$0	x 50 =	\$0
INDEPENDENT CLAIMS	1	3	0	X 100 =	\$0	x 200 =	\$0
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				180		+ 360	\$0

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop: AF, Commissioner of Patents, P.O. 1450, Alexandria, VA 22313-1450 on January 14, 2008.

Dated: January 14, 2008

Christopher G. Trainor
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- [X] Please charge Deposit Account No. 21-0550 in the amount of \$ 130.00 (Terminal Disclaimer Fee). Two (2) copies of this sheet are enclosed.
- [] A check in the amount of \$ _____ is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. §1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

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